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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Signed

On

Date \_\_\_\_\_

Telephone Number

7.a. WASTE MANAGEMENT

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In performance of his duties as a business representative the person identified in item 3 from time to time transacts business over breakfast, lunch or dinner with representatives of the employers for the bargaining units assigned to him by the labor organization listed in item 4. The amount entered in 7.b. is the estimated value of the expenditures made by the employers identified in item 6 on his behalf for such food and beverages on or about May 2004. This estimate is based on memory and inquiries.

Name of Person Filing LARRY DIAS	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name EAST BAY DRAYAGE DRIVERS TRUST FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any p.o. BOX 4326</p> <p>Street 1333 Willow Pass Road</p> <p>City Concord</p> <p>State California ZIP Code + 4 94524-4026</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Health and Welfare Administration</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Lodging, travel, meals and registration fees.</p> <p>See Attached.</p>
	<p>12.b. Amount. \$3,283</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

#### 12.a. EAST BAY DRAYAGE DRIVERS TRUST FUND

The person identified in item 3 is a Union Trustee on the Board of Trustees of the entity identified in item 8 which is a jointly administered health trust fund under the Labor-Management Relations Act of 1947, as amended (the "Trust Fund"). The amount entered in item 12.b. represents (1) reimbursement of transportation, lodging, food and beverage, and incidental expenses incurred by the Union Trustee in connection with his attendance of quarterly meetings of the Board of Trustees and periodic Trustee Committees of the Trust Fund or otherwise in connection with the performance of his duties as a Union Trustee, and (2) the estimated value of food and beverages provided or made available to him by the Trust Fund at such meetings or food and beverages in connection with such meetings that were paid for by others who received reimbursement from the Trust Fund for such food and beverage expenditures. The quarterly meetings referenced above occurred on or about: May 19 – 21, June 13 – 16, September 29 – October 1. This estimate is based on information requested from the Trust Fund's third party administrator and a business calendar for appointments and meetings in 2004.